

## CONTINUING TEMPORARY APPROVAL FOR TEACHER REQUEST FORM

**Note: Documentation that supports the following statements must be maintained in this candidate's file for audit purposes.**

**The employing school district and intermediate school district retains all responsibilities related to the accuracy of this request.**

Candidate's Name: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 ISD Name: \_\_\_\_\_ ISD Code #: \_\_\_\_\_  
 LEA Name: \_\_\_\_\_ LEA Code#: \_\_\_\_\_  
 Program Category: \_\_\_\_\_ Program Category Code #: \_\_\_\_\_  
 University/College: \_\_\_\_\_ University/College Code #: \_\_\_\_\_  
 Grades Assigned: K-12 \_\_\_\_\_ Early Childhood Special Education \_\_\_\_\_  
 Effective Date: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

- Yes No** 1. This candidate holds a valid Michigan teaching certificate. (attach copy)
- Yes No** 2. This candidate continues to be employed in the same category and level of assignment as employed and approved in the previous school year. A copy of the previous school year approval is on file. (attach copy)
- Yes No** 3. The ISD has received a copy of the University/College form PV indicating that this candidate has completed at least 6 semester hours of coursework towards full endorsement or approval in the appropriate program category and level as required by the assignment shown above, between September 1 of the previous school year and August 31 of the current school year; or form PV indicates that this candidate did not complete the required hours, did the University/College state that applicable coursework was **not available**. Indicate "yes" if all requirements for continuing approval have been met.

Indicate "no" if the required coursework hours were not completed and applicable coursework was available. A copy of this request, along with documentation that clearly demonstrates circumstances that were beyond the candidate's control, must be submitted to the MDE, Office of Special Education and Early Intervention Services for consideration. The computerized process will not accept this request.

- Yes No** 4. Personnel signatures by the employer and ISD.

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LEA/ Employer \_\_\_\_\_ Date \_\_\_\_\_

ISD Superintendent/Designee \_\_\_\_\_ Date \_\_\_\_\_

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Return to: \_\_\_\_\_  
 (ISD Contact) \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

cc: Intermediate School District  
 School District  
 Candidate  
 University/College (if applicable)

An option in NCLB allows a teacher to be highly qualified if participating in an alternative route to certification as defined at 34 C.F.R. §200.56 (a)(2)(ii). This will apply to persons under Special Education Personnel Approval as defined under R 340.1783 of the Administrative Rules for Special Education who are only lacking the special education endorsement for the given assignment but have met all other requirements set forth for Special Education Teachers to be Highly Qualified.

The timeline for meeting these requirements is contingent upon the date of employment under temporary approval as a special education teacher. If hired prior to the first day of school in the 2003-04 school year and working under temporary or continuing temporary approval the teacher must meet the requirements by the end of the 2005-06 school year. All other candidates **may only function under a temporary or continuing temporary approval for three years effective on the date of hire for that position within the school district to be considered “Highly Qualified.”**